

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **069686**  
APPLICANT(S)

FILED DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	6		6				TOTAL IND.								
TOTAL DEP.	18		18				TOTAL DEP.								
TOTAL CLAIMS	24		24				TOTAL CLAIMS								